



National Safer Supply Community of Practice La communauté de pratique nationale sur l'approvisionnement plus sécuritaire

Barriers and Facilitators:

In Atlantic Canada, what facilitates or prevents safer supply and OAT prescribing for clinicians? What facilitates or prevents safer supply and OAT care for PWUD?

Ministry of Health is seen as a barrier, putting roadblocks in where opportunities come up

fear of audits

Media reporting perpetuates stigma - work with PR & media

Best practices are out there as guidance to support practice

social inclusion!!

need exemptions, need more training, need more support

Punitive programs - issues with behaviours from clients, which creates further issues

Colleges - licence loss fears

Fear of overwhelming demand. Burnout.

PWUD speaking out and up as facilitators, as workers, as managers

Other mechanisms, e.g. pharmacies can provide OAT to generate income to invest back in social care (health navigators etc.)

education of prescribers

Facilitators: hearing what's going on in people's lives. People are dying = motivator for providing this kind of care

funding for programs needs to be adaptable as needs change

Develop courses around PWUD for doctors - teach how to support people sensitively

lack of doctors and prescribers, lack of support for them

STIGMA STIGMA STIGMA

Pharmacists as gatekeepers, judge how people are using

follow best practices and adapt

lack of confidentiality

more education about safer supply practice

More robust intakes, if appropriate

All programs need those in need of service to stand together with them

Team! Can't work with conflicting views/opinions

SS benefits: not always a linear journey

Doctors afraid of reputations

incorporating into existing OAT programs

open communication between docs and pharmacists

methadone policies and daily pick ups - carries during the pandemic show it is possible

Medical community needs to be educators for their peers too

SS communities of practice, billing codes

revisit policies to make sure they are adapted to people's needs

Most prescribers want to do the right thing and are afraid of creating more harm, given oxycontin legacy

lack of support for clinicians - need support of their team

patchy OAT in rural areas - but standing alone as a silo can be difficult among prescriber peers. Isolated and isolating. Systems do not support.

educate people about diversion and its benefits!

Barriers

Facilitators

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